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VIA FACSIMILE NO.: 571-273-8300

REPLY

PATENT

SIE07 P-650A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.	: 10/710,442	Confirmation No.:	4441
Group	: 3654		
Applicant	: Harry T. Edwards		
Filing Date	: July 12, 2004		
Examiner	: Matthews, Terrell Howard		
For	: BAGGAGE SCREENING SYSTEM AND METHOD		
Atty Docket No.	: SIE07 P-650A		
Customer No.	: 28101		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the foregoing PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. 1.136[a]) in duplicate (2 pages), REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL form in duplicate (2 pages), CLAIM COUNT FORM in duplicate (2 pages), and RESPONSE (13 pages) to the Advisory Action mailed November 29, 2006, are being transmitted to the Patent and Trademark Office at Facsimile No. (571) 273-8300 on December 28, 2006.

YOU SHOULD RECEIVE A TOTAL OF TWENTY (20) PAGES.

Dated: December 28, 2006



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PATENT
RAP04 P-650a
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No. : 4441
Group Art Unit : 3654
Examiner : Matthews, Terrell Howard
Applicant : Harry T. Edwards
Serial No. : 10/710,442
Filing Date : July 12, 2004
For : BAGGAGE SCREENING SYSTEM AND METHOD
Customer No. : 28101

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:


CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	35	Minus	35	= 0	x \$25	\$	x \$50	\$0.00
Independent Claims	5	Minus	3	= 2	x \$100	\$	x \$200	\$200.00
First Presentation of Multiple Dependent Claims \$180						\$	x \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$200.00

1. ☐ Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge the fee due of \$200 and any additional fees or credit overpayment to Deposit Account No. 22-0190.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Dated:

By: 
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